



# STEM Pathways and Research Alliance

## California State University

### Louis Stokes Alliance for Minority Participation

CSU-LSAMP 2024-2029; NSF-HRD 2308501

CSU CAMPUS: \_\_\_\_\_ YEAR: \_\_\_\_\_

Initiated in 1993-94, the CSU-LSAMP Alliance, which includes all 23 campuses of the California State University (CSU) system, supports a coordinated and comprehensive system-wide approach to broadening participation in science, technology, engineering and mathematics (STEM) disciplines. Each of the CSU-LSAMP programs offer activities and services designed to improve retention and graduation of undergraduate students in STEM. In addition, CSU-LSAMP seeks to increase the number of CSU-LSAMP students who enter STEM graduate programs.

#### To be eligible to participate in CSU-LSAMP, students must:

- Be a U.S. Citizen or Permanent Resident.
- Be enrolled at a participating CSU campus in an undergraduate major in a STEM discipline or have expressed an interest in pursuing a STEM baccalaureate degree.
- Be an individual interested in pursuing graduate studies or join the workforce in a STEM field that is outside the health profession degrees or careers.
- Be an individual who has faced or faces social, educational, or economic barriers to STEM careers.

Individual CSU-LSAMP programs may have additional criteria to recruit student participants. Please see your Campus Coordinator for more information.

#### I. GENERAL INFORMATION

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City, State, & Country

Student ID #: \_\_\_\_\_



Funding for the CSU-LSAMP Program is provided by the National Science Foundation (HRD 2308501)  
and the California State University's Office of the Chancellor



A. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

If applicable, Permanent Resident Registration #: \_\_\_\_\_

B. Please mark one of the boxes provided below to indicate your category (for statistical purposes only):

☐ Male

☐ Female

☐ Non-binary/3<sup>rd</sup> gender

☐ Prefer not to respond

C. Please mark one of the boxes provided below to indicate **both** your categories:

**(1) Ethnicity** (for statistical purposes only):

☐ Hispanic or Latinx (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

☐ Not Hispanic or Latino

☐ Prefer not to respond

**(2) Race** (for statistical purposes only):

☐ Black and African-American - A person having origins in any of the black racial groups in Africa.

☐ Native Hawaiian and Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands.

☐ American Indian - A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

☐ Alaska Native - A person having origins in any of the original peoples of Alaska, including Eskimos or Aleuts.

☐ Asian - A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Other (specify): \_\_\_\_\_

☐ Prefer not to respond



## II. ADDITIONAL INFORMATION

A. Please indicate your parents' level of education:

Mother: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Father: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

B. Disability Status (for statistical purposes only):

Please check "yes" if any of the disabilities listed below apply to you. Otherwise, check no or decline to state. ☐ Yes ☐ No ☐ Prefer not to respond

- Deaf or serious difficulty hearing.
- Blind or serious difficulty seeing even when wearing glasses.
- Serious difficulty walking or climbing stairs.
- Other serious disability related to a physical, mental, or emotional condition.

C. Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to respond

D. Are you a member of the LGBTQ+ community? ☐ Yes ☐ No ☐ Prefer not to respond

E. As an undergraduate, are you eligible for need-based financial aid? ☐ Yes ☐ No

F. Are you treated as an independent student for financial aid purposes? ☐ Yes ☐ No

## III. EDUCATIONAL INFORMATION

A. Major: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

B. Class Level: \_\_\_\_\_ (e.g. first-year, sophomore, junior, or senior)

C. G.P.A. (Do not round up): \_\_\_\_\_

D. Date you expect to receive your CSU undergraduate degree: \_\_\_\_\_

E. Anticipated undergraduate degree (BA/BS): \_\_\_\_\_

F. Did you transfer from a California Community College? ☐ Yes ☐ No

a. If yes, which College: \_\_\_\_\_

G. Did you complete an Associate's degree? ☐ Yes ☐ No

H. What is your Career Goal? \_\_\_\_\_

I. Are you interested in obtaining a graduate degree at the master's or PhD level?

☐ Yes ☐ No ☐ Maybe

J. Are you interested in obtaining a professional degree (e.g., MD, OD, DDS, Pharm, PA, etc.)?

☐ Yes ☐ No ☐ Maybe



#### IV. Student Consent for Release of Information

Please read the statement below and sign where indicated:

*The information I have submitted in my CSU-LSAMP Application is true and accurate to the best of my knowledge. I understand that to track the progress of the CSU-LSAMP students and to evaluate program effectiveness, CSU-LSAMP requires access to student information. The CSU-LSAMP program is required to report individual student data to the National Science Foundation including race/ethnicity, GPA, and enrollment status. This information is also used to study student transfer, retention, progression, and graduation. Photographs and research abstracts may also be obtained for use by CSU-LSAMP in program dissemination materials such as websites, social media, newsletters, and reports. The student data are collected by the CSU-LSAMP Statewide Office at California State University, Sacramento and each of the 23 affiliated Alliance CSU campuses.*

*By participating in the CSU-LSAMP program, I will also contribute to the general knowledge for the advancement of individuals from groups historically underrepresented in the STEM careers. As such, I will be asked to participate in a study that assesses the efficacy of the CSU-LSAMP activities. My participation is voluntary, and I agree to participate in the CSU-LSAMP adjunct study. I may also leave the program and the study at any time.*

*I authorize release and use of personal information, as described above, to the CSU-LSAMP program. I understand that this information is to be used solely for evaluating the impact and effectiveness of the CSU-LSAMP program and that individual student data will not be released to parties other than those directly involved with the program.*

*I have read and understand all of the statements above.*

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



### Campus Coordinator Approval and Certification

The above-named student is approved as a CSU-LSAMP student?

☐ Yes – Is an individual who has faced or faces (check one):

☐ social    ☐ educational    ☐ economic barriers to careers in STEM.

☐ No – Does not meet eligibility criteria.

**Printed Name of Campus Coordinator:** \_\_\_\_\_

**Signature of Campus Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Student Acknowledgement:

#### TO BE SIGNED BY STUDENT UPON APPROVAL TO PROGRAM

I understand that I have been accepted to the CSU-LSAMP Program and granted access to the various activities therein. I further understand that I must maintain expectations explained to me by the CSU-LSAMP Campus Coordinator for continued involvement in the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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